

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | J.B. | 20200 | 2-10-09 |
| O.I.P.E. CLASSIFIER | | 59 | 127 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | DM | 72223 | 1-11-00 |

3/27/20

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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